

| POSITION                         | INITIALS | ID NO. | DATE      |
|----------------------------------|----------|--------|-----------|
| <b>FEES DETERMINATION</b>        |          |        |           |
| <b>O.I.P.E. CLASSIFIER</b>       |          |        | 21 2/5/01 |
| <b>FORMALITY REVIEW</b>          | EB       | JC 873 | 02-22-01  |
| <b>RESPONSE FORMALITY REVIEW</b> |          |        |           |

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date    |
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| Final    | 1/1 8   |
| Original | 1/1 1/2 |
| 03       | 1/2     |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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